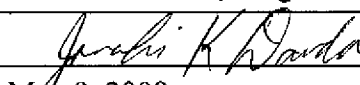


TRANSMITTAL FORM	Application Number	10/783,435
<i>(To be used for all correspondence after initial filing)</i>	Filing Date	February 20, 2004
	Inventor	C.M. LE et al.
	Group Art Unit	2619
	Examiner Name	Prenell P. Jones
	Attorney Docket Number	SJO920030043US1

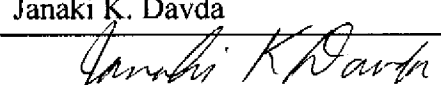
ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> Preliminary <input type="checkbox"/> Supplemental <input type="checkbox"/> After Final <input type="checkbox"/> Rule 312 <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement: __ references <input type="checkbox"/> Certified Copy of Priority Documents <input type="checkbox"/> Response to Missing Parts/Incomplete Application	<input type="checkbox"/> Assignment Papers <input type="checkbox"/> Drawings: __ Replacement Sheets <input type="checkbox"/> Petition for Corrected Notice of Recordation <input type="checkbox"/> Petition for Corrected Filing Receipt <input type="checkbox"/> Petition: _____ <input checked="" type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Power of Attorney <input type="checkbox"/> Statement Under 37 CFR 3.73(b) <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Comments on Statements of Reasons for Allowance	<input type="checkbox"/> Certificate of Correction of Applicant's Mistake (37 CFR 1.323) <input type="checkbox"/> Certificate of Correction of Office Mistake (37 CFR 1.322) <input type="checkbox"/> Notice of Appeal <input type="checkbox"/> Pre-Appeal Brief Request for Review <input type="checkbox"/> Appeal Brief <input type="checkbox"/> Status Letter/ Status Request <input checked="" type="checkbox"/> Issue Fee Transmittal Form <input checked="" type="checkbox"/> Fee Address Indication Form <input type="checkbox"/> Request for Duplicate/Replacement Copy <input type="checkbox"/> Response to Notice of Non-Compliant Amendment
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual Name:	Janaki K. Davda, Registration No. 40,684
Signature:	
Date:	May 9, 2008
KONRAD RAYNES & VICTOR, LLP 315 South Beverly Dr., Suite 210 Beverly Hills, CA 90212 310-556-7983	The Commissioner is hereby authorized to charge to Deposit Account No. 09-0466 any additional fee required under 37 CFR 1.16 and 1.17, including all required extension of time fees or any other deficiency, and credit any overpayment to this deposit account.

CERTIFICATE OF TRANSMISSION

I hereby certify that this correspondence is being transmitted through the USPTO EFS-Web system over the Internet on the date indicated below.		
Typed or Printed Name:	Janaki K. Davda	Customer No. 46917
Signature:		
Date:	May 9, 2008	

PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: **Mail Stop ISSUE FEE**
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
 or **Fax (571)-273-2885**

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

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46917

7590

02/11/2008

KONRAD RAYNES & VICTOR, LLP.
 ATTN: IBM37
 315 SOUTH BEVERLY DRIVE, SUITE 210
 BEVERLY HILLS, CA 90212

Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

<u>Janaki K. Davda</u>	(Depositor's name)
<u>Janaki K. Davda</u>	(Signature)
<u>May 9, 2008</u>	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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10/783,435

02/20/2004

Cuong Minh Lo

SJO920030043US1

6378

TITLE OF INVENTION: METHOD, SYSTEM, AND PROGRAM FOR CHECKING AND REPAIRING A NETWORK CONFIGURATION

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1440	\$300	\$0	\$1740	05/12/2008

EXAMINER	ART UNIT	CLASS-SUBCLASS
JONES, PRENELL P	2619	370-254000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).
☒ 2. Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
☒ 3. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list
 (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. Janaki K. Davda
 2. Konrad Raynes & Victor LLP
 3. _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

International Business Machines Corporation Armonk, NY

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

- ☒ Issue Fee
☒ Publication Fee (No small entity discount permitted)
☐ Advance Order - # of Copies _____

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- ☐ A check is enclosed.
☐ Payment by credit card. Form PTO-2038 is attached.
☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 09-0466 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature

Date

Typed or printed name

Registration No.

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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CHANGE OF CORRESPONDENCE ADDRESS <i>Application</i> Address to: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	Application Number	10/783,435
	Filing Date	February 20, 2004
	First Named Inventor	C.M. LE et al.
	Art Unit	2619
	Examiner Name	Prenell P. Jones
	Attorney Docket Number	SJO920030043US1

Please Change the Correspondence Address for the above-identified patent application to:

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I am the:

- ☐ Applicant/Inventor
☐ Assignee of Record of the entire interest. Statement under 37 CFR 3.73(b) is enclosed.
☒ Attorney or Agent of Record. Registration Number Registration No. 40,684
☐ Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number _____

Typed or Printed Name: Janaki K. Davda

Signature: 

Date: May 9, 2008

Telephone: (310) 553-7973

Note: Signatures of all inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.*

☒ *Total of 1 form is submitted.

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☐ Request for Customer Number (PTO/SB/125) attached hereto

in the following listed application(s) for which the Issue Fee has been paid or patent(s).

PATENT NUMBER (if known)	APPLICATION NUMBER
	10/783,435

(check one)

☐ Applicant/Inventor

☒ Attorney or Agent of record 40,684
 (Reg. No.)

☐ Assignee of record of the entire interest. See
 37 CFR 3.71. Statement under 37 CFR 3.73(b)
 is enclosed. (Form PTO/SB/96)

☐ Assignment recorded at Reel _____ Frame _____

Janaki K Davda
 Signature
 Janaki K. Davda
 Typed or printed name

310-556-7983
 Requester's telephone number

May 9, 2008
 Date

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below *.

☐ *Total of _____ forms are submitted.

Burden Hour Statement: This collection of information is required by 37 CFR 1.363. This information is used by the public to submit (and by the USPTO to process) payment of patent maintenance fees. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 0.08 minutes to complete, including gathering, preparing, and submitting the complete payment of maintenance fees. Time will vary depending on the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.